T.IOTING Debarmient of prace

Division of Corporations Public Access System

Electronic Filing Cover Sheet



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations

Account Name : HARRISON, HENDRICKSON & KIRKLAND, P.A.

Account Number: 120010000002 Phone > ac :0(941)746-1167 Fax Number : (941)746-9229

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ASSURANT CUSTODIAL SERVICES, LLC

Ţ

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DB

Electronic Filing Menu

Corporate Filing Menu

Help

AMENDMENT TO THE ARTICLES OF ORGANIZATION

<u>OF</u>

ASSURANT CUSTODIAL SERVICES, LLC

limited liability company organized under the laws of the State of Florida, hereby certif	ilesti Žv. ⊙
1. That the name of the limited liability company is ASSURANT C	az:™ ~o
SERVICES, LLC. The Articles of Organization were filed with the Secretary of State	e of the State
of Florida on August 27, 2007.	
2. The Articles of Organization of said Company are amended as follows:	8: L8

The undersigned authorized agent for ASSURANT CUSTODIAL SERVICES, LLC, a

- a. That the Articles of Organization are hereby amended to change the name of the Company to "CLARODE CUSTODIAL SERVICES, LLC." and the previous name of the Company shall be deleted from the Articles of Organization in each and every place where it appears and the new name substituted in place thereof. Said name change shall take effect immediately upon the filing of this Amendment to the Articles of Organization.
- 3. In all other respects, the Articles of Organization are ratified, reaffirmed and remain unchanged.
- 4. The above Amendment to the Articles of Organization of ASSURANT CUSTODIAL SERVICES, LLC was adopted by the written consent of all of the Member of the Company.

THOMAS W. HARRISON. Authorized Agent for Company

(((H07000234006 3)))

(((H07000234006 3)))

STATE OF FLORIDA COUNTY OF MANATEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County last aforesaid to take acknowledgments, personally appeared THOMAS W. HARRISON, personally known to me to be the Authorized Agent for, ASSURANT CUSTODIAL SERVICES LLC, and that he acknowledged executing the same under authority duly vested in him by said Company.

WITNESS my hand and official seal in the State and County last aforesaid, this ______day of

September 2007.

Notary Public

NOTARY PUBLIC STATE OF FLORIDA NIKI C. II - CKNEY Comm. # DD 240128 Comm. Exp. Sep. 26, 2007

My Commission Expires:

Hig bozza CORPAMENDMENT. ARTICLES FOR Assurant doc

O7 SEP 19 AM 8: L8
SECRETARY OF STATE

(((H07000234006 3)))